

EXHIBIT

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Your Benefits Your Health

Choices for Healthy Living in 2017

YOUR 2017 BENEFITS GUIDE

Your 2017 Guide to Benefits

The health and well-being of our employees and our community is vital to the success of our organization and a critical component of our vision to “achieve the healthiest population possible.” Dartmouth-Hitchcock (D-H) offers a total compensation package that includes a variety of benefits provided by D-H at no cost to you, as well as the option to select additional benefits to meet your personal needs. D-H shares the cost of some of the benefit options while you pay the cost of others at group premium rates negotiated by D-H for our employees.

This guide is designed to help you understand the D-H 2017 Benefits program so you will be prepared to make an informed decision when you enroll in your 2017 benefits.

The first section of this guide provides an overview of the D-H benefits that most employees are eligible to participate in, including health, dental, life, and disability insurance, as well as wellness and retirement programs. Similar to many health care organizations, these benefits vary slightly for different positions [i.e., Staff, Residents/Fellows, Physicians, and Advanced Practice Providers]. The benefit variations for specific positions are listed in the Table of Contents.

Please review the information in this guide carefully and then select the most appropriate benefits for you and your family within the required time frame.

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Enrolling in Your Benefits

D-H's online enrollment system — BenefitConnect — gives employees easy access to their benefits information, decision-support tools, and financial planning material throughout the year. To enroll in your 2017 benefits, please review this guide and then log on to BenefitConnect using the instructions below.

Before you log on to BenefitConnect, be sure to have the name, Social Security Number, and date of birth for each dependent you wish to cover for medical and/or dental coverage. If you do not add all of your dependent information, the system will not highlight the appropriate benefit options available to you.

How To Enroll

1. Go to MyDHBenefits.com.

NOTE: If you are logged on to the D-H network, your sign-in will be automatic. If you are prompted to sign in, please use your D-H Windows username and password. If you do not know, or remember, your D-H Windows username and/or password, please call the D-H Computer Help Desk at **603.650.2222** and they can reset it for you. Once you have been given a new password, you will be required to change it to a confidential password.

2. On the *myBenefits* page, select "Enroll In or Change Benefits."
3. On the left side of the next screen, select "Click Here to Enroll."

4. On the *BenefitConnect* home screen, click the enrollment link in the *Alerts* section.

5. The system will guide you through adding your dependents (if needed), enrolling in benefits, and updating beneficiaries.

6. Click **Save** and **Continue** at the bottom of each page as you go through the process.

7. When you are finished enrolling, **print a copy** of your final elections for your records. You can log on to *BenefitConnect* to view and/or print your benefit elections at any time — 24 hours a day, 7 days a week.

DID YOU KNOW?

You can get an overview of all your D-H benefits and rewards through **My Rewards at D-H**. You can see personalized details about the total value of your compensation, health and welfare, and retirement benefits all in one place at **MyDHBenefits.com**.

It's a great place to start when preparing for Open Enrollment, as you can see what you currently have and learn more about each of the programs. Take a look today to help you make informed choices for your financial, professional, and personal wellbeing.

If You Don't Enroll

| BENEFITS ELIGIBLE IN 2016 | NEWLY BENEFITS ELIGIBLE IN 2017 |
|--|---|
| <p>Your 2016 medical, dental, life, and disability benefit elections will automatically carry over to 2017. If you wish to make any changes, it is your responsibility to enroll before the end of the Open Enrollment period. You must re-elect any Health Savings Account (HSA) or Flexible Spending Account (FSA) elections as these do not roll over.</p> <p>All employees must log in to BenefitConnect, review their 2017 benefits, and print a copy of their 2017 elections — regardless of whether or not they are making any changes — as authorization of their 2017 payroll deductions is required.</p> | <p>If you are hired in 2017 or become newly eligible for benefits during the 2017 calendar year, you must make your benefit elections online within 30 days of your benefits eligibility date (hire date in most cases).</p> <p>If you do not make your benefit elections during the period noted above, you will be enrolled automatically in the default benefits listed below. You will not have the opportunity to change your benefit elections until the next Open Enrollment unless you experience a qualified life event.</p> <p>Default Benefits:</p> <ul style="list-style-type: none">• ElevateHealth HSA Plan, Employee Only coverage• Dental: Basic Dental Insurance, Employee Only coverage• Basic Short-Term and Long-Term Disability Insurance• Basic Life and Accidental Death and Dismemberment (AD&D) Insurance |
| <p>Your coverage will be effective January 1 – December 31, 2017.</p> | <p>Your coverage will be effective on your 30th day of employment and will continue through December 31, 2017.</p> |

Changing Your Benefit Elections

The D-H benefit plan year is January 1 through December 31.

Each fall, you have an opportunity to change your benefit elections for the upcoming benefit plan year during the annual Open Enrollment period. The elections you make during Open Enrollment cannot be changed during the year unless you experience a "qualified life event."

Qualified Life Event

A qualified life event is a change in your work or family status that allows you to make adjustments to certain benefit elections, depending on the nature of the life event. For example, if you get married during the year, you may add your spouse to your health care coverage, and you may change the plan in which you are enrolled. To make changes to your benefits as the result of a qualified life event, you must notify the Benefits Administration Office within 30 days of the event.

You may log in to BenefitConnect for certain types of life events and change coverage options online.

If you do not find the life event specific to your situation (online through the BenefitConnect system), call the Benefits Administration Office at 603.653.1400 or email DHBenefits@Hitchcock.org.

You must make the change and provide supporting documentation (e.g., marriage/birth/death certificate) within 30 days of the event.

Examples of qualified life events include:

- **Change in Status** — change in marital status, change in number of dependents, change in employment status of the employee, spouse or dependent, change in residence that affects benefits coverage, or change in dependent eligibility status.
- **Dependent Care Changes** — changes to dependent care provider. For example: if you move out of the area and can no longer use the same day care provider.
- **HIPAA Special Enrollment Rights** — loss of other coverage due to exhaustion of a COBRA period, loss of eligibility, or if employer contributions to another plan under which you have coverage ends. In addition, HIPAA grants rights to add coverage upon marriage or a new dependent child if previously waived.

ADDING OR CHANGING DEPENDENTS

Before you log on to BenefitConnect, be sure to have the name, Social Security Number, and date of birth for each dependent you wish to cover for medical and/or dental coverage.

Benefits Eligibility

Each position at D-H is budgeted to work a certain number of hours per week based on a Full Time Equivalent (FTE) schedule. For example, a position budgeted for 0.5 FTE would be budgeted to work half as many hours as an employee budgeted at 1.0 FTE. Although many positions may regularly work more hours than budgeted, it is important to note that benefit eligibility and employee contributions toward health care coverage are based on budgeted hours, not actual hours worked.

Employees budgeted at least 0.5 FTE, and their eligible dependents, may participate in D-H's benefit plans on the employee's 30th day of employment.

Many benefits are based on salary, in addition to FTE, including health insurance premiums, life insurance, and disability buy-up insurance. Changes to your salary during the year may change your per-pay-check premiums for these benefits. You will be sent a confirmation statement if a change in salary occurs.

FULL TIME EQUIVALENT (FTE)

The term Full Time Equivalent (FTE) is defined as the number of hours an employee is budgeted to work per week divided by a forty (40) hour work week. For example, an employee budgeted to work 24 hours per week is a 0.6 FTE (24 hours divided by 40 hours = 0.6).

Enhancing the Health of D-H Employees and Their Families: Tobacco Use Premium

When enrolling in their 2017 health care coverage, employees must complete a tobacco use affirmation for themselves and their dependents. As supported in the Center for Disease Control (CDC) literature, current smoking and smokeless tobacco use are defined by D-H as using any tobacco product or nonpharmacological nicotine delivery device, such as the electronic cigarette, at least once in the past 30 days.

Employees or their covered dependents (including their spouse) who use tobacco, may be subject to a tobacco use premium equal to \$15 per

bi-weekly pay period (\$390 per year based on 26 pay periods) per family, which will be added to their bi-weekly health care plan contributions. It is important to note that the tobacco use premium will be \$15 per-pay-period regardless of the number of family members who use tobacco.

The goal of the tobacco use premium is to support the health and well-being of D-H employees and their family members by discouraging the use of any tobacco products.

Products such as cigarettes, e-cigarettes, cigars, pipe tobacco, and chewing tobacco are proven harmful to health even when used in moderation. The most important goal of the tobacco use premium is to encourage people to stop using products that have been proven harmful to their personal and family's health — bringing D-H one step closer toward our vision of achieving the healthiest population possible.



TOBACCO SURCHARGE: IT PAYS TO QUIT

Watch this short video to learn more about the tobacco use premium.

D-H offers employees and their covered dependents free tobacco cessation programs, services, and medications to help tobacco users "quit the habit." If, throughout the course of the 2017 plan year, an employee or dependent stops using tobacco products or completes a tobacco cessation program, an affidavit may be presented to the Benefits Administration Office, and the additional tobacco use premium will be removed from their health care premium within two payroll periods. Employees, and/or their covered dependents, who are unable to achieve tobacco-free status due to a medical condition will need to bring a letter from the treating physician stating the medical reason why they are unable to complete the tobacco cessation program if they wish to have the premium waived. For more information, contact Live Well/Work Well at 603.650.5900.

Spouse/Same Sex Civil Union Partner Coverage

Benefits eligible employees may enroll a spouse, same sex civil union partner, or legally separated spouse in health care, dental, and dependent life insurance benefits.

If you choose to cover your spouse under a D-H health care plan, and your spouse has access to group-sponsored health insurance coverage through their own employer, your 2017 health care contributions will be twice the standard premium for the coverage you desire to enroll in.

SPOUSAL SURCHARGE: WHAT YOU NEED TO KNOW

Watch this short video to learn more about the spousal surcharge.



You may be eligible to continue coverage for your separated or former spouse, and his or her eligible dependents, if you are legally separated or divorced.

The Benefits Administration Office is available to assist with eligibility questions related to your specific situation. Call **603.653.1400** or email DHBenefits@Hitchcock.org for more information.

Important Notes Regarding Spouse Coverage

- An employee may only cover one spouse under D-H's benefit plans at any given time.
- Domestic partner or common law spouse coverage is not available under the D-H benefit plans. However, legally married same sex spouses, and their eligible dependents, may be covered.

Dartmouth-Hitchcock Couples Enrollment Restriction (Double Coverage Rule)

If you and your spouse/same sex civil union partner are both eligible to enroll in D-H benefits, you cannot be enrolled as both an employee and dependent in health and life insurance. In addition, either you or your spouse/same sex civil union partner may cover dependents in health and life insurance; they cannot be covered by both of you.

Dependent Child Coverage

You may enroll a dependent child in the D-H health care and dental plans, regardless of their tax dependent, student, residence, or marital status. A dependent child is considered a natural child, stepchild, foster child, legally adopted child, or any other child for whom you or your spouse/same sex civil union partner are legally responsible. Dependent child coverage is available until the end of the month in which the adult child turns age 26. Disabled children over age 26 may be eligible to continue coverage through the D-H plans by contacting Health Plans, Inc. at **866.471.5550**.

For all other D-H plans, please review the dependent eligibility criteria available on the myBenefits portal at MyDHBenefits.com.

Taxation of Dependent Coverage

You pay for most dependent coverage with pre-tax dollars; however, the IRS may not allow pre-tax coverage for certain dependents such as adult children over the age of 26. It is your responsibility to ensure the proper tax treatment of your dependent coverage. You must update BenefitConnect or call the Benefits Administration Office immediately if the IRS tax-qualified status of any of your dependents changes during the year. More information on taxation of benefits may be found on the myBenefits portal at MyDHBenefits.com on the resources page.

Muffin Pan Frittatas

INGREDIENTS:

Cooking spray
 1 teaspoon olive oil
 ¼ cup onion, chopped finely
 ½ cup green or red pepper, chopped into ¼ inch pieces
 1 cup other vegetables, chopped into ¼ inch pieces (such as asparagus, mushroom, broccoli, zucchini)
 6 eggs (see "Hints" below if using egg substitutes or whites)
 ½ cup skim milk
 ½ cup shredded cheddar cheese
 ¼ teaspoon salt
 1/8 teaspoon ground pepper

Mini frittatas baked in muffin tins create an individual egg dish perfect for brunch, snack, appetizer, or on-the-go breakfast. Easy to make ahead and reheat. Pair it with a whole grain and fruit to make it a meal.

MAKES: 12 regular sized "muffins" **SERVING SIZE:** 1 frittata "muffin"

PREPARATION

1. Position rack in center of oven; preheat to 350°F. Coat a nonstick muffin tin generously with cooking spray.
2. Heat a large nonstick skillet over medium-high heat. Add oil to the pan. Add onion and peppers and other vegetables of your choosing. Cook, stirring often until softened, 5 to 7 minutes. Transfer to a bowl. Let cool for 5 minutes.
3. Whisk eggs and milk in a medium bowl. Stir in cheese, salt, and pepper. Stir in cooked vegetables.
4. Spoon ¼ cup mixture into each muffin cup.
5. Bake until the frittatas are set in the middle and tops are just beginning to brown, 20 to 25 minutes.
6. Let cool on a wire rack for 5 minutes before removing from the pan. Note: They will likely deflate upon cooling, so don't worry if the middle sinks some. Serve warm. Cool any leftovers completely before storing.

NUTRITION (PER "MUFFIN"):

Calories 68, Fat 3.5g, Carbohydrates 2g, Protein 6g, Fiber 1g, Sodium 118mg

TIPS & NOTES

- ✓ For egg substitution: 1 whole egg = 2 egg whites or ¼ cup egg substitute
- ✓ Make Ahead Tip: After cooling, wrap in plastic. Refrigerate for up to 3 days or freeze for up to 1 month. To reheat, remove plastic, wrap in a paper towel and microwave on high for 30 to 60 seconds.

Dartmouth-Hitchcock Benefits

Medical and Prescription Drug Insurance

The medical and prescription drug coverage offered through D-H is designed to provide employees with the greatest value in receiving high-quality health care. These benefits are focused on helping employees maintain good health by offering free (in-network) preventive care services, encouraging the use of a primary care provider to coordinate your health care, and promoting the use of the lowest-cost, highest-value health care services and prescription drugs.


D-H offers you a choice of three medical plan options — the **ElevateHealth HSA Plan**, the **ElevateHealth HRA Plan**, and the **Choice Health Plan**. Deciding which plan to choose is a personal and financial decision. To help you choose, we have outlined some similarities and differences between the plans.

How the Plans Are the Same


 **The deduction from your paycheck is the same.** The employee premiums that are deducted from your paycheck are based on the coverage level and your base salary. However, premiums will not differ based on the plan you choose. Employee premiums are available online at MyDHBenefits.com.

 **The plans cover the same in-network services** including preventive care (generally covered at 100%), emergency services, inpatient and outpatient care, and prescription drugs. How much you pay for each service will depend on the plan you choose.

 **Prescription drug coverage is included.** How you pay for prescription drugs depends on the plan you choose.

 **There is a deductible,** which is the amount you pay before the plan begins paying for services.

 **You share in the out-of-pocket costs during the year** with the plan through co-insurance (a percentage of the cost, usually payable after the deductible).

 **You're protected by an out-of-pocket maximum.** If what you pay toward medical services and prescription drugs hits this maximum, the plan will pay 100% of any additional costs for covered services for the remainder of the year. This feature protects you, financially, should you or one of your covered dependents experience a catastrophic illness or injury.

You will receive a new medical plan card, regardless of which option you choose, in 2017.

You will not receive a new Health Savings Account or Flexible Spending Account card until your current card expires, unless you are enrolling in either account for the first time in 2017.

Factors to Consider

How do you want to pay for future health care costs?

- The ElevateHealth HSA and Choice Health plans allow you to save for future health care costs in a tax-advantaged Health Savings Account (HSA).
- The ElevateHealth HRA Plan comes with a Health Reimbursement Account (HRA) that only D-H is allowed to contribute to.

Below is a summary of some other differences between an HSA and HRA. You can read more about the HSA and HRA on pages 18 to 21.

Do you want the protection of a lower deductible and out-of-pocket maximum?

Both ElevateHealth plans have the same deductibles and out-of-pocket maximums, which are lower than the Choice Health Plan.

Do you need out-of-network coverage?

ElevateHealth's network reflects providers and facilities where most D-H employees and their families are seeking care today; primarily in New Hampshire and Vermont. The ElevateHealth plans do not provide coverage for services outside the network (other than emergencies). The Choice Health Plan offers a national network of providers through the Harvard Pilgrim network and a supplemental network for those who travel or live outside of the Harvard Pilgrim network area.

Do you have significant prescription drug costs?

In the HSA plan, you pay the full cost of your prescription drugs until you meet your deductible. In the HRA plan, you pay a co-pay for generic drugs and pay a percentage of the cost for brand and specialty drugs. There is no requirement to meet your deductible first. The amount you pay towards prescriptions on a co-pay basis does not contribute toward your annual deductible, but does count toward your out-of-pocket maximum.

| | HEALTH SAVINGS ACCOUNT (HSA) | HEALTH REIMBURSEMENT ACCOUNT (HRA) |
|--|---|---|
| Available with... | ElevateHealth HSA Plan and Choice Health Plan | ElevateHealth HRA Plan |
| Who contributes? | D-H and employee may contribute | Only D-H is allowed to contribute |
| What are the contribution limits? | Employer contribution \$300 individual / \$600 family Employee contribution* HSA maximum is \$3,400 individual / \$6,750 family | Employer contribution: \$150 individual / \$300 family |
| What happens to funds at the end of the year? | Balance accumulates and rolls over each year if you enroll in a plan with the same type of account. | |
| What about tax savings? | There's a triple tax advantage: 1. Your payroll contributions are tax-free 2. Earnings on your account are tax-free 3. Money withdrawn to pay for qualified medical expenses are not taxed | Employee contributions are not allowed. Employees can use the Health Care Reimbursement Account which offers pre-tax savings but has a "use it or lose it" feature. |
| When are funds available? | You can only spend up to the amount you have in your account at the time. D-H will provide the employer HSA base contribution in the first paycheck of 2017 on January 6th. | You can access the employer HRA base contribution in the first paycheck of 2017 on January 6th. |
| How do I manage my account? | From the HealthEquity website at HealthEquity.com | |
| What happens to the funds if I leave D-H? | You own your account and will continue to have full access to the account if you enroll in a different plan that does not have a Health Savings Account or you leave D-H. | HRAs are employer-based accounts so you will not have access to the HRA if you enroll in a different plan or leave D-H. |

* The IRS determines the combined employee plus employer HSA contribution limits each year. The limits shown reflect the 2017 limits.

ElevateHealth Plans

ElevateHealth is an insurance partnership of Dartmouth-Hitchcock, Elliot Health System, and Harvard Pilgrim Health Care. Employees who enroll in one of the two ElevateHealth plans can expect care from a high quality, close-knit network of providers focused on keeping you healthy and well.

Choice Health Plan

The D-H Choice Health Plan, administered by Health Plans, Inc., offers a national network of providers. In the Choice Health Plan, you have access to the Harvard Pilgrim network of providers. If you choose to see a provider that is out-of-network, you will be responsible for the out-of-network deductible, co-insurance, and plan provisions.

If you are traveling or reside outside of the Harvard Pilgrim network service area, you will have access to the UnitedHealth Care Options PPO network. This network serves as a supplemental network to ensure coverage for those who live or travel outside of the Harvard Pilgrim network. Outside of the six New England states and New York, United Healthcare Options PPO network will be the wrap network to provide coverage to you and your families. To find out more about the network, log on to HealthPlansInc.com.

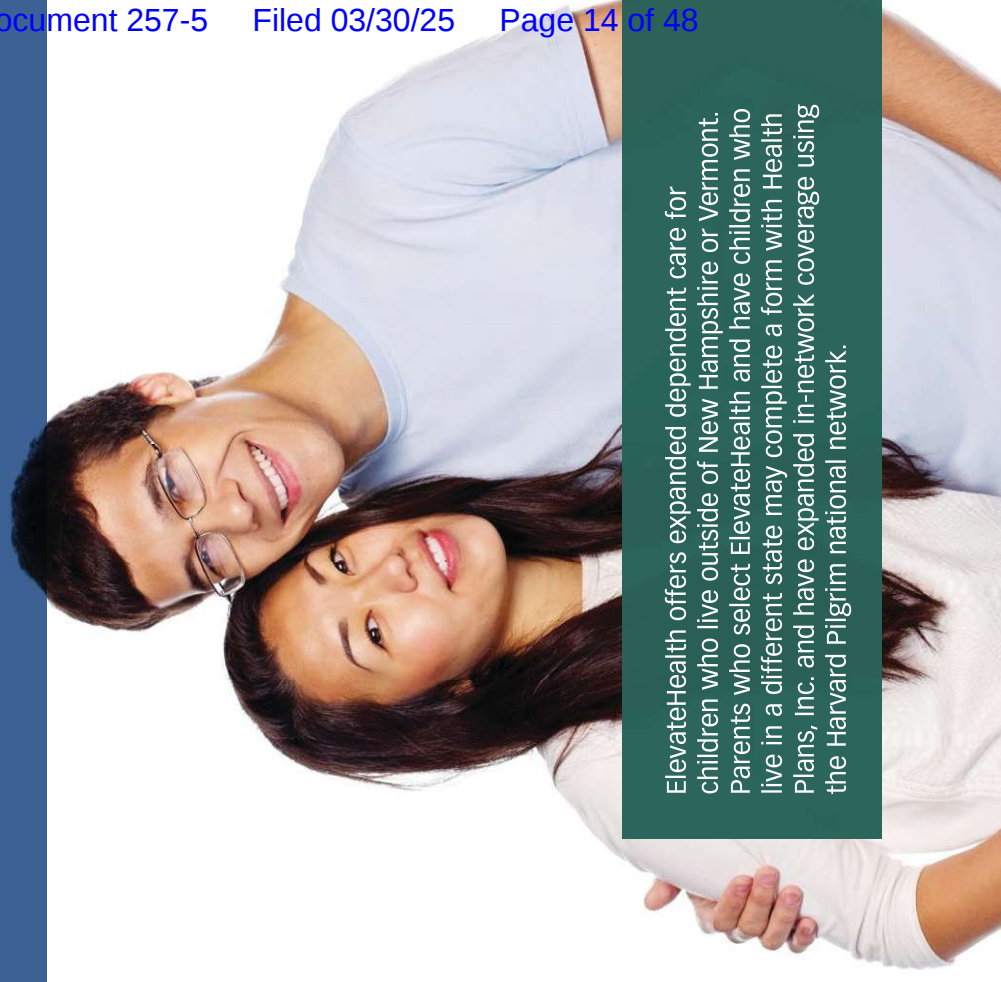
It is important to note that ElevateHealth is a little different than a traditional health insurance provider network. It offers a select network of providers and facilities primarily located in New Hampshire and Vermont. This network reflects providers and facilities where most D-H employees and their families are seeking care today; however, coverage is not provided for service outside the ElevateHealth network. The only exception to this provision is in the event of an emergency situation or a service that is not provided at the facilities in the ElevateHealth network which is medically necessary.

Outpatient-based services, like primary care and specialist appointments at D-H, our affiliates, and strategic partners, are covered at 10% co-insurance after meeting your deductible.

It is important to note that the ElevateHealth network is dynamic and continues to grow. The network will continue to be updated on the myBenefits Portal and you may call Health Plans, Inc. to confirm coverage at **1.866.471.5550**.

All members in an ElevateHealth Plan will need to select a Primary Care Provider (PCP).

We believe that a smaller network means greater coordination among providers and we do recognize that the ElevateHealth Plans are not "one size fits all" plans. This is why we have the Choice Health Plan offering to provide a full network, with national coverage for employees and their family members.



ElevateHealth offers expanded dependent care for children who live outside of New Hampshire or Vermont. Parents who select ElevateHealth and have children who live in a different state may complete a form with Health Plans, Inc. and have expanded in-network coverage using the Harvard Pilgrim national network.

Free Preventive Care Services

All of the D-H medical/prescription drug plans cover in-network preventive care services at 100%, with no deductible, co-payments, or co-insurance. For a list of preventive services covered by the plans, please see the appropriate Medical Plan Summary Plan Description located in the Benefits section of the D-H intranet at <http://one.hitchcock.org/pay-benefits/insurance-fsas-retirement.html> and the myBenefits portal at MyDHBenefits.com.

Identifying a Primary Care Provider (PCP)

All employees and covered dependents are encouraged to establish a relationship with a PCP or practice to oversee their health and coordinate their care. Employees who choose the ElevateHealth HSA or ElevateHealth HRA Plan are required to select a PCP. To find a PCP, visit the Health Plans, Inc. web page at HealthPlansInc.com. You can also call Health Plans, Inc. at **866.471.5550**.

ElevateHealth

A health insurance offering that provides access to a select network of New Hampshire and Vermont's premier providers at discounted rates, and member well-being is a main focus.

Choice Health

A health insurance offering that provides access to an expanded network of providers in exchange for higher cost share at the point of service.



2017 Medical/Prescription Plans Summary

Single = Employee Only coverage, Family = all other coverage levels

| PLAN FEATURES | | ELEVATEHEALTH HSA PLAN | | ELEVATEHEALTH HRA PLAN | | CHOICE HEALTH PLAN | | |
|--|--|---|------------------------------------|---|------------------------------------|--|------------------------------------|----------------------|
| | | Preferred Providers | ElevateHealth Network | Preferred Providers | ElevateHealth Network | In-Network | Out-of-Network | |
| Deductible | Co-Insurance | Single: \$1,400 Family: \$2,800 | Single: \$1,400 Family: \$2,800 | Single: \$1,400 Family: \$2,800 | Single: \$1,400 Family: \$2,800 | Single: \$2,000 Family: \$4,000 | Single: \$4,000 Family: \$8,000 | |
| | | 10% after deductible | | 10% after deductible | | 30% after deductible | 30% after deductible | 50% after deductible |
| Out-of-Pocket Maximum | | Single: \$2,200 Family: \$4,400 (Includes prescription drugs) | | Single: \$3,400 Family: \$6,800 (Includes prescription drugs) | | Single: \$5,600 Family: \$11,200 (Includes prescription drugs) | | |
| D-H Annual HSA or HRA Contribution | | HSA Single: \$300; Family: \$600 | | HRA Single: \$150; Family: \$300 | HSA Single: \$300; Family: \$600 | | | |
| PHARMACY BENEFITS | | | | | | | | |
| Based on IRS guidelines, Health Savings Account Plans (HSAs) require that medical care and prescriptions are handled the same towards the deductible and out-of-pocket maximum. The member pays the contracted rate for prescriptions until meeting the deductible and then pays co-insurance based on the pharmacy. | | | | | | | | |
| DAYS SUPPLY | LOCATION | ELEVATEHEALTH HSA PLAN | | ELEVATEHEALTH HRA PLAN | | CHOICE HEALTH PLAN | | |
| 30 days | <ul style="list-style-type: none">D-H Medical Center PharmacyCheshire Medical Center PharmacyThe Pharmacy in Bennington, VT & Manchester, VTColonial Pharmacy in New London, NHSelect CVS Retail Pharmacies* | Subject to deductible and 10% co-insurance | | Generics \$10 Brand 30% co-insurance up to \$100 Specialty 50% co-insurance up to \$200 | | Subject to deductible and 10% co-insurance | | |
| | All Other Retail | Subject to deductible and 30% co-insurance | | Generics \$15 Brand 40% co-insurance up to \$100 Specialty 60% co-insurance up to \$200 | | Subject to deductible and 30% co-insurance | | |
| 90 days | <ul style="list-style-type: none">D-H Medical Center PharmacyD-H Medical Center Pharmacy Mail Order | Subject to deductible and 10% co-insurance | | Generics \$30 Brand 30% co-insurance up to \$300 Specialty 50% co-insurance up to \$600 | | Subject to deductible and 10% co-insurance | | |
| | <ul style="list-style-type: none">OptumRx Mail Service PharmacyThe Pharmacy in Bennington, VT & Manchester, VTColonial Pharmacy, New London, NH | Subject to deductible and 30% co-insurance | | Generics \$45 Brand 40% co-insurance up to \$300 Specialty 60% co-insurance up to \$600 | | Subject to deductible and 30% co-insurance | | |
| | All Other Retail | Not Available | | Not Available | | Not Available | | |

* Select Community Group Practice CVS Retail Pharmacies. Locations available on the myBenefits portal at [MyDHBenefits.com](#).
2017 benefit premiums have increased in line with medical plan usage trends.

2017 Medical/Prescription Drug Employee Contributions

| MEDICAL AND PRESCRIPTION PLAN | | Bi-Weekly Premiums for Non-Tobacco Users |
|----------------------------------|--|---|
| FTE (0.75 OR GREATER) | | ELEVATEHEALTH PLAN WITH HSA AND HRA CHOICE HEALTH PLAN |
| Employee | | Base Salary \$0 to \$49,999 \$32.17 |
| Employee + Child(ren) | | \$48.26 |
| Employee + Spouse | | \$67.56 |
| Family | | \$89.11 |
| Employee | | Base Salary of \$50,000 to \$99,999 \$47.90 |
| Employee + Child(ren) | | \$71.86 |
| Employee + Spouse | | \$100.60 |
| Family | | \$132.70 |
| Employee | | Base Salary of \$100,000 or greater \$71.69 |
| Employee + Child(ren) | | \$107.52 |
| Employee + Spouse | | \$150.54 |
| Family | | \$198.56 |
| FTE (0.5 – 0.74) | | |
| Employee | | \$104.20 |
| Employee + Child(ren) | | \$159.45 |
| Employee + Spouse | | \$221.02 |
| Family | | \$290.58 |

Please note: if you incur the spouse premium, your health care contributions may differ slightly from those shown above due to rounding.

Additional Premiums or Premium Adjustments May Apply

Tobacco Use Premium: The employee contributions shown on this page are for non-tobacco users only. If you or a covered dependent use tobacco, a \$15 tobacco use premium will be added to your contribution each pay period (See page 6).

Spouse Premium: If you choose to cover your spouse/same-sex civil union partner under a D-H health care plan, your 2017 health care contributions will be twice the standard premium if your spouse/same-sex civil union partner has access to group-sponsored health insurance coverage through their own employer (See page 7).

Salary Level Premium: All salary based insurance premiums, such as medical insurance, life and disability buy-up insurance, may increase or decrease based on salary adjustments throughout the calendar year. For example, medical insurance premiums are based on salary levels. If an employee has an adjustment in salary, the premium and/or benefit level change will take effect within two pay periods of the date in which Human Resources receives the change.

Did You Know?

These new rates will begin with your January 6th paycheck.

Prescription Drug Benefits

OptumRx is D-H's Prescription Benefit Manager. You must enroll in a D-H medical plan to have prescription drug coverage. If you enroll in the ElevateHealth HSA Plan or the Choice Health Plan, your prescription drug expenses (at full retail cost) apply toward your annual deductible and are subject to co-insurance after you meet the deductible. Your deductible and co-insurance will apply to your out-of-pocket maximum for the year. If you enroll in the ElevateHealth HRA Plan, prescription drugs are not subject to the deductible. Instead you pay a co-pay for generic drugs and co-insurance for brand name or specialty drugs.

To find a pharmacy that is in the OptumRx network, visit www.optumrx.com or call **800-498-5428**.

Premium Formulary

Your prescription drug plan provides coverage for medications listed on the OptumRx formulary. The formulary includes FDA-approved prescription generic, brand-name, and specialty medications that are preferred over other medications in the same drug class. You and your physician can use the formulary to help choose effective, quality medications that minimize your out-of-pocket expense. OptumRx updates this list of medications quarterly using the latest evidence to identify opportunities to promote safe, effective, and affordable drug therapy. If your provider determines you need a prescription medication that is not covered by the formulary, you can request a medical exception through OptumRx and their medical review team.

NOTE: Approved authorizations for exemptions from the Premium Formulary Program are only good for a one-year period following the date of authorization. All appeals for non-covered medications are handled by OptumRx's medical review team.

Preventive Drug Program

Preventive care coverage is an integral part of a comprehensive health care plan that includes preventive drug therapies. Preventive medications are those prescribed to prevent the occurrence of a disease or condition for those individuals with risk factors, or to prevent the recurrence of a disease or condition for those who have recovered; conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, and heart attack. In our ElevateHealth HSA Plan and our Choice Health Plan, drugs on the Preventive Drug List will bypass the deductible and only require you to pay co-insurance. OptumRx manages this program and the list of drugs included in the Preventive Drug Program.

Maintenance Medications

Employees and their enrolled dependents who take long-term or maintenance medications are limited to two 30-day fills of such medications before being required to transition to a 90-day fill available through mail order or pick-up from the D-H Pharmacy for a 10% co-insurance after deductible, or a 30% co-insurance after deductible at any of our preferred pharmacies. Mail order is a convenient service that provides 90-day fills of maintenance medication delivered to your door at no extra charge, unless expedited service is required. The mail-order program should only be used to obtain medications needed for a long-term condition. Short-term medications such as antibiotics are not appropriate to obtain from the mail-order program. Once you fill a 30-day prescription of a maintenance medication, you will receive a notification from OptumRx, along with instructions on how to transfer from a 30-day prescription to a 90-day prescription.



Did You Know?

The **Prescription Advantage Program** provides discounted rates on certain approved prescription drugs (those on the Prescription Advantage Program's list) purchased at the D-H Pharmacy, whether purchased in person or through the mail. A typical 30-day prescription of approved drugs costs \$7 and a typical 90-day prescription costs \$14. The D-H Pharmacy will mail these prescriptions to you at no cost. This is a special program offered through the D-H Pharmacy and is not part of the D-H medical plans; therefore, claims for this program will not be processed through your medical insurance and also not apply toward your deductible or out-of-pocket maximums. Employees, dependents, retirees, and volunteers are eligible for this program, regardless of participation in a D-H medical plan. More information is located in the Benefits section of the D-H intranet at http://one.hitchcock.org/intranet/departments/d-h_pharmacy and the myBenefits portal at MyDHBenefits.com.

SAVING MONEY ON PRESCRIPTION DRUGS

You may save money on 30-day and 90-day prescriptions by filling them at the D-H Pharmacy. You may also have 90-day prescriptions for maintenance medications shipped to you, free of charge. Please see the Medical/Prescription Plans Summary on page 13 for prescription drug and co-insurance amounts.

Health Savings Account (HSA)

The HSA is a pre-tax savings account that can be used to pay for eligible out-of-pocket health care, dental, or vision expenses, as well as to save for future health care costs. D-H provides a base contribution to the HSA account for all eligible employees who enroll in the ElevateHealth HSA Plan or the Choice Health Plan.

During the enrollment process you must attest that you are eligible for an HSA in order to receive the contribution. The employer contribution is based on when you attest eligibility so if this changes mid-year you would be eligible for a prorated amount.

Once your HSA is activated through HealthEquity, you will receive a personalized debit card to use when paying for your eligible health care expenses. You will also have access to HealthEquity's online system to help you manage your HSA.

Upon turning age 65 and enrolling in Medicare A, or upon receipt of Medicare due to one of Medicare's qualifying eligibility rules, an employee is no longer eligible to participate in the HSA. Funds are still accessible for qualified expenses. However, if a member defers their enrollment in Medicare they are able to continue contributions to their HSA account.



HDHP + HSA = A PERFECT MATCH

Watch this short video to learn how the HSA works with the ElevateHealth HSA or Choice Health plans.

Contributions to Your HSA Account

D-H Contributions

To help you pay for some of the expenses that will be subject to your health care plan deductible and co-insurance, if you enroll in the ElevateHealth HSA Plan or the Choice Health Plan and are eligible for HSA contributions, D-H will make a base contribution to your HSA based on the coverage level you elect. D-H will contribute the following amounts for 2017:

- \$300 for employee only coverage
- \$600 for all other coverage levels

The D-H contributions will be deposited into your HSA account as a lump sum deposit. If you are a new hire or you are newly benefits eligible in 2017, you will receive a pro-rated lump sum contribution in the first pay period of the month following your benefit eligibility. For example, if you became benefit eligible on February 15th, your HSA would be effective on March 1st, and your contribution eligibility begins the next full pay period in March.

Your Contributions

In addition to D-H's contribution, you may elect to make additional pre-tax contributions to your HSA through payroll deductions, subject to IRS annual limits. For 2017, the limit is \$3,400 for Employee Only coverage and \$6,750 for all other coverage levels. These amounts represent the total amount (your contributions plus D-H's contributions) that can be deposited into your account in 2017. Employees who are age 55 or older in 2017 may also make additional "catch up" contributions of up to \$1,000 to their HSA in 2017. Remember, the amount you contribute to your HSA is tax-free and the dollars that are deposited in your HSA belong to you, whether deposited by you or D-H.

The HSA does not have a "Use It or Lose It" rule, so you can carry over your balance from year to year and you can take the account with you if you leave or retire from D-H. You may start, stop, or change your HSA payroll contribution amount at any time during the year by contacting the Benefits Administration Office at **603.653.1400** or

DHBenefits@Hitchcock.org.

Beneficiary Designation

When the account owner passes away, any amount remaining in the HSA transfers to the entity or individual named as the beneficiary(ies). For more information on naming a beneficiary and IRS regulations about the use of this account, please visit the HealthEquity website.

Penalties for Non-Eligible Health Care Expenses Under an HSA

The IRS governs the provisions of the HSA and provides guidelines on what is considered an eligible health care expense. You can find a list of eligible expenses on the HealthEquity website. If you use your HSA funds to pay for non-eligible health care expenses, you may be subject to a 20% penalty and your non-eligible expense will be treated as taxable income. There are also penalties for falsifying tax forms.

Did You Know?

You can manage your account and pay health care providers directly from the HealthEquity website at **HealthEquity.com**.

HSA Eligibility

1. Not enrolled in any other health plan that is not a qualified High Deductible Health Plan (HDHP)
2. Not claimed as a dependent on another's tax return
3. Not enrolled in Medicare
4. Neither you or your spouse are enrolled in a Health Reimbursement Account (HRA) or Standard Health Care Flexible Spending Account (FSA)
5. Have not received VA benefits (Medical and RX) during the past 3 months

Health Reimbursement Account (HRA)

The HRA is a savings account that can be used to pay for eligible out-of-pocket health care, dental, or vision expenses. Only D-H can contribute to an HRA, and will provide a contribution for employees who enroll in the ElevateHealth HRA Plan.

Once your HRA is activated through HealthEquity, you will receive a personalized debit card to use when paying for your eligible health care expenses. You will also have access to HealthEquity's online system to help you manage your HRA.

The balance in your HRA account accumulates and rolls over each year if you continue to enroll in the ElevateHealth HRA Plan. HRA accounts are employer based accounts so you will not have access to the HRA if you enroll in a different plan, leave, or retire from D-H.

The D-H contribution will be deposited into your HRA account as a lump sum deposit at the start of the plan year. If you are a new hire or you are newly benefits eligible in 2017, you will receive a pro-rated lump sum contribution in the first pay period of the month following your benefit eligibility. For example, if you became benefit eligible on February 15th, your HRA would be effective on March 1st, and your contribution eligibility begins the next full pay period in March.

Your Contributions

Employees cannot make contributions to an HRA, but can use the Health Care Reimbursement Account (HCRA) which offers pre-tax savings, see page 21.

Contributions to Your HRA Account

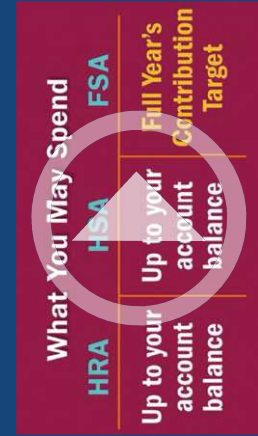
D-H Contributions

To help you pay for some of the expenses that will be subject to your health care plan deductible and co-insurance, if you enroll in the ElevateHealth HRA Plan and are eligible for HRA contributions, D-H will make a contribution to your HRA based on the coverage level you elect. D-H will contribute the following amounts for 2017:

- \$150 for employee only coverage
- \$300 for all other coverage levels

Value Based Insurance Program

Employees and their families enrolled in the HRA plan are eligible for the D-H Value Based Insurance Program. Members who enroll in this program are eligible for certain medications used to treat hypertension, diabetes, and mental health for free if they engage in a care management program quarterly. To learn more about this exciting program and to see the list of free medications, please go to **myDHBenefits.com** under health insurance.



HRA, HSA, AND FSA: WHAT YOU NEED TO KNOW
Watch this short video to learn about the differences between the HRA, HSA, and FSA.

Flexible Spending Accounts (FSA)

D-H offers two Flexible Spending Accounts — the Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA). HealthEquity is the plan administrator for D-H's Flexible Spending Accounts.

Once you have elected your payroll contributions, D-H may not discontinue your per-pay-period contributions during the calendar year unless you experience a qualified life event.

Health Care Reimbursement Account (HCRA)

The HCRA is a pre-tax savings account available to employees who waive health care coverage, enroll in the ElevateHealth HRA plan, or are in our Resident/Fellow Medical PPO plan. The HCRA can be used to pay for eligible health care, dental, or vision care expenses that are not covered by insurance, for you and your eligible dependents. The maximum amount you may contribute to your HCRA is \$2,500 each calendar year. Once you sign up for the HCRA, you will receive a personalized debit card from HealthEquity to use when paying for your eligible health care expenses.

NOTE: You may not use your HSA, HRA, or HCRA to pay for, or be reimbursed for, over-the-counter medications unless prescribed by a provider.

Dependent Care Reimbursement Account (DCRA)

The DCRA is a pre-tax savings account that may be used to pay for eligible elder and child care expenses. You may only use this account if you utilize day care or elder care services so that you and your spouse/ same sex civil union partner can work, obtain gainful employment, or attend school full time. It is important to note that your day care or elder care provider must furnish you with his/her Social Security Number (SSN) or Tax Identification Number (TIN) in order to receive reimbursement for your expenses. IRS regulations limit the amount you may contribute to any DCRA to \$5,000 for your family (or \$2,500 if married and filing separate tax returns) per calendar year.

In order to qualify for reimbursement, expenses must be incurred for the care of "eligible dependents" who the IRS defines as:

- A child under the age of 13, or a child of any age who is physically or mentally incapable of self-care,
- Your opposite sex spouse, if physically or mentally incapable of self-care and living in your home for more than 50% of the year, or
- Any other dependent (including your same sex spouse, domestic or civil union partner) who is physically or mentally incapable of self-care who meets specific criteria.

For more details about who qualifies as eligible dependents under the DCRA, refer to IRS Publication 503, titled Child and Dependent Care Expenses, which is available by calling the IRS at 800.829.1040 or at IRS.gov.

NOTE: You can only participate in the DCRA if you earn less than the highly compensated limits. The limit for 2017 is \$120,000.

Flexible Spending Accounts

The deadline for submitting 2017 HCRA and DCRA claims for reimbursement is March 31, 2018. You may reimburse yourself for expenses incurred between January 1 and December 31, 2017, as long as they are incurred while you are an active participant in the plan. If you don't use them, funds in these accounts do not roll over to the next calendar year. If you terminate coverage or employment from D-H during the year, you may only submit expenses incurred through the last day of employment if you submit for reimbursement within 90 days of your termination date.

Dental Insurance

D-H offers two Dental options for you and your eligible dependents through Northeast Delta Dental:

- Basic Dental Option
- Enhanced Dental Option

Dental hygiene can impact your overall physical health. Practicing good oral care, such as brushing and flossing daily and visiting your dentist on a regular basis, are important steps toward keeping your mouth free from the build up of bacteria that can lead to oral infections. Preventive screenings (dental check-ups and cleanings) can also help detect signs of other diseases. D-H offers two preventive screenings each year at no cost under both plan options.

Highlights of the covered benefits under each plan as well as employee contributions for coverage are shown on page 24.



Qualified Life Event

Changes to your benefits due to a qualified life event must be made within 30 days of the event. The change will become effective on the date of the event for birth and marriage events; all other events will become effective on the first of the following month after the date of the event. For more information, log into the BenefitConnect website, call the Benefits Administration Office at 603.653.1400, or DHBenefits@Hitchcock.org.

Enhanced Dental Carryover Benefit

Northeast Delta Dental offers a Double-Up Max carryover benefit feature on the Enhanced Dental Option. With this feature, enrollees may double their annual maximum by accumulating \$250 a year in additional benefits for use in future coverage periods. When a dental procedure is needed that costs more than the annual maximum allows, accrued carryover benefit dollars can help make up the difference.

To Qualify

- Members are enrolled in the Enhanced Dental Option
- Northeast Delta Dental must have paid a claim for either an oral exam or a cleaning during the Calendar Year. If enrollees don't receive one of these services, they will not be eligible to accumulate dollars for future use.
- A member's paid claims during the Calendar Year cannot exceed a threshold of \$500.
- Accumulated amounts may only be used after the current annual maximum has been exhausted.
- Carryover benefit amounts cannot be used toward lifetime orthodontic benefits.

Health Through Oral Wellness (HOW) Program

Northeast Delta Dental's free HOW program works with your existing dental benefits to help you achieve and maintain better oral wellness.

You can visit [HealthThroughOralWellness.com](https://www.healththroughoralwellness.com) to find out more and take a free oral health risk assessment. Your dentist can discuss your results with you at your next visit and perform a clinical version of the assessment. Based on your risk, as shown on your clinical assessment, you may be eligible for additional preventive benefits at no cost.*

*Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed by your dentist can determine your eligibility for additional preventive benefits.

Black Bean and Corn Salsa

Don't limit salsa to being served just with chips. Try adding it into an omelet or on a fish or chicken dish.

SERVING SIZE: ½ cup **MAKES:** 16 servings

INGREDIENTS:

One 15 ounce can white corn, drained
One 15 ounce can yellow corn, drained
One 15 ounce can black beans, drained and rinsed
One 14.5 ounce can Italian-style diced tomatoes, drained and chopped
1 bunch cilantro, finely chopped
5 green onions, finely sliced
1 small red onion, finely chopped
1 red bell pepper, seeded and finely chopped
1 tablespoon minced garlic
¼ cup lime juice
1 tablespoons olive oil, or to taste

INSTRUCTIONS:

Combine and mix all ingredients in a large bowl.

NUTRITION (PER SERVING): Calories 60, Fat 1g, Carbohydrates 10.5g, Protein 2.5g, Fiber 2g, Sodium 125mg

HEALTHY HINTS

- ✓ Get creative with this recipe; tailor the types of vegetables to best suit your preferences. Modifying the types of vegetables will not change the macronutrients significantly so you can indulge in this healthy recipe with confidence!

Dental Plans Summary

Single = Employee Only coverage, Family = all other coverage levels

| PLAN FEATURES | BASIC | ENHANCED |
|--|--|--|
| Deductible | Single: \$50 Family: \$150 | Single: \$25 Family: \$75 |
| Preventive Care | 100%, no deductible (2 annual cleanings) | 100%, no deductible (2 annual cleanings) |
| Basic Restorative Care (Fillings, Extractions, Root Canals) | Plan pays 50%, after deductible | Plan pays 80%, after deductible |
| Major Restorative Care (Crowns, Dentures, Bridges) | Plan pays 50%, after deductible | Plan pays 50%, after deductible |
| Orthodontia | Plan pays 50%, no deductible, lifetime maximum benefit of \$2,000 per covered member | Plan pays 50%, no deductible, lifetime maximum benefit of \$2,000 per covered member |
| Annual Maximum Benefit | \$1,000 per covered member | \$1,500 per covered member |

2017 Dental Plan Employee Contributions

| DENTAL | Bi-Weekly Contributions | |
|-----------------------|-------------------------|----------|
| | BASIC | ENHANCED |
| FTE (0.5 –1.0) | | |
| Employee | \$2.34 | \$5.14 |
| Employee + Child(ren) | \$9.80 | \$19.59 |
| Employee + Spouse | \$9.80 | \$19.59 |
| Family | \$18.66 | \$36.86 |

Vision Coverage

D-H offers vision coverage for eyewear through DeltaVision. DeltaVision is supported by the **EyeMed Vision Care network**, with almost 67,000 providers at over 26,700 locations nationwide, including private practitioners and the most popular optical retail outlets. You can search for providers at **eyemedvisioncare.com**. Click on "Find a Provider" and choose "Access" from the "Choose Network" drop-down menu.

Our medical plan continues to cover your routine eye exams under preventive services and the DeltaVision plan can be used to cover your frames and lenses. The plan provides the following in-network benefits:

- **FRAMES:** \$130 allowance every 24 months, then 20% off the balance.
- **LENSES:** You pay only a \$10 co-pay for Standard Plastic Lenses, including bifocal and trifocal, the plan pays the balance. Available once every 12 months. Additional co-pays apply to other lens options, like UV coating, tinting, and scratch resistance. For more specific plan information please see this **summary**.
- **CONTACTS:** \$130 allowance every 12 months (in lieu of spectacle lenses). In addition to the allowance, you also receive 15% off any balance payable for non-disposable contacts.
- **LASER VISION CORRECTION — LASIK OR PRK:** 15% off retail price or 5% off promotional price.

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers (may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses).
- 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at **eyemedvisioncare.com**. The contact lens benefit allowance is not applicable to this service.

| Employee Bi-weekly Contributions | |
|----------------------------------|--------|
| Employee | \$2.42 |
| Employee + Child(ren) | \$4.57 |
| Employee + Spouse | \$4.72 |
| Family | \$7.14 |



Staff Short-Term and Long-Term Disability Insurance

D-H provides Short-Term Disability (STD) and Long-Term Disability (LTD) insurance at no cost to you through The Hartford. Both STD and LTD provide income protection for non-work related injuries or illness. STD and LTD disability payments may be offset by Social Security Disability, Workers' Compensation, pension payments, or any other group disability insurance payments that you are eligible to receive. Both STD and LTD payments are considered taxable income. D-H provides the following STD and LTD benefits for eligible employees at no cost to you:

Short-Term Disability (STD) Insurance*

- 70% of your base salary, for a maximum of 24 weeks

Long-Term Disability (LTD) Insurance

- 50% of your base salary, to a maximum of \$15,000 per month

Staff STD benefits begin following a 14-day elimination period. You may use your earned time to provide income during this time. The Hartford determines eligibility and medical necessity for LTD. If approved, LTD payments begin immediately following the date STD payments end.

Long-Term Disability (LTD) Insurance "Buy-up" Options

In addition to the LTD benefit provided to you at no cost, D-H's 2017 Benefits program offers two "buy-up" options. If you choose one of these options, you are responsible for paying the entire cost of the "buy-up" coverage

Residents/Fellows, Physicians & Advanced Practice Providers

Please refer to pages 39 & 41 for disability benefits information pertaining to these positions.

through after-tax payroll deductions. In addition, Evidence of Insurability (EOI) may be required. The buy-up options are as follows:

- 60% of your base salary, to a maximum of \$15,000 per month
- 66 ²/₃% of your base salary, to a maximum of \$15,000 per month

NOTE: In the event of a disability, The Hartford determines your disability coverage based on the date your disability began, as determined by the medical information provided to them. The Hartford may pay your disability benefit based on the amount of coverage in effect when the disability began. Therefore, if you elected to increase ("buy-up") coverage after the date the disability began, your coverage for that specific disability may not reflect your most recent disability coverage amount.

STD Coverage

In order to be eligible for STD coverage you must begin STD on the 15th full day of missed work.

Evidence of Insurability (EOI): Long-Term Disability

When you are first eligible to enroll in Long-Term Disability (LTD), you may elect any level of LTD coverage with no EOI. During Open Enrollment, you may buy up one level of coverage with no EOI.

*In order to be eligible for STD coverage, you must begin STD on the 15th full day of missed work.

Staff Life Insurance Benefits

D-H provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through The Hartford. This coverage is designed to provide financial protection for you and your family if you die or become seriously injured while you are employed at D-H. The following Life and AD&D benefits are provided to you at no cost.

Basic Life Insurance*

- 1 x annual salary up to \$200,000

Accidental Death and Dismemberment (AD&D) Insurance*

- 1 x annual salary up to \$200,000

IRS rules allow an employer to provide up to \$50,000 of life insurance to an employee, tax-free. The cost of coverage for any amount over \$50,000 is subject to taxation, and is known as "imputed income."

Imputed Income – Life Insurance

Imputed income is determined based on your age and the related cost for life insurance found in the IRS insurance rate tables. Imputed income equals the estimated cost that the IRS assumes you would pay to purchase an individual life insurance policy for the amount of your coverage above the \$50,000 limit. This amount is added to the taxable earnings reported on your paycheck.

* Under the plan provisions, Basic Life/AD&D insurance reduces by 50% at age 70.

Evidence of Insurability (EOI) – Life Insurance

EOI is the proof of good health that must be submitted to the life insurance carrier before approval for certain life insurance coverage amounts. During Open Enrollment, you can increase your own coverage by one times your annual salary, to a maximum of \$500,000, and you can increase your spouse/civil union partner coverage by \$5,000, up to a maximum of \$50,000, without providing EOI. EOI is not required for life insurance for a dependent child(ren). When you enroll online you will be notified which levels of coverage require EOI and how to provide EOI, if needed.

Staff Supplemental Life and AD&D Insurance**

In addition to the Basic Life and AD&D insurance provided to you at no cost, D-H's 2017 Benefits program offers you the opportunity to purchase additional Supplemental Life and AD&D insurance for yourself and your eligible dependents. Some levels of coverage will require you to provide evidence of your good health or Evidence of Insurability (EOI). Changes to Life Insurance will not take effect until an employee is actively at work, for instance if a change is made at Open Enrollment and an employee is on a leave of absence until January 15th, the change will be effective January 16th when they return to active duty at work.

Coverage Options

- One-half to five times annual salary, up to \$1,500,000 maximum
- Each Open Enrollment period, you may increase your coverage by one times your annual salary, without EOI, up to a maximum of \$500,000. Newly hired or newly benefits eligible employees may elect up to \$500,000 of Supplemental Life/AD&D with no EOI.

** Under the plan provisions, employee Supplemental Life/AD&D insurance coverage reduces by 50% at age 70.

Spouse/Civil Union Partner Life/AD&D Insurance Coverage Options

- Up to \$100,000 of coverage, in \$5,000 increments, subject to EOI

Each Open Enrollment period, you may increase coverage for your Spouse/Civil Union Partner in increments of \$5,000, to a maximum of \$50,000, without EOI. Any amount elected over \$50,000 is subject to EOI. Newly hired or newly benefits eligible employees may elect up to \$50,000 of coverage for their spouse with no EOI.

Dependent Child(ren) Life Insurance Coverage Options

- \$5,000 or \$10,000, no EOI required

If elected, one premium covers all eligible children. There is no EOI requirement for dependent children and coverage begins at one day old through 26 years old.



Identity Theft Protection

D-H offers Identity Theft Protection through InfoArmor. You can enroll in the PrivacyArmor plan to help protect your identity, online reputation, and credit. InfoArmor offers industry-leading identity and credit monitoring solutions to alert you of concerns and assist in taking action. The protection includes fraud prevention, proactive monitoring, and real time alerts via email, text, or phone. In addition, InfoArmor will provide services to restore your identity.

Through the PrivacyArmor Plus plan, you will have the protection of:

- identity monitoring
- credit monitoring
- social media monitoring
- NPI monitoring
- a password management solution
- wallet protection
- identity theft insurance
- solicitation reduction
- internet surveillance

| Employee Bi-weekly Contributions | |
|----------------------------------|--------|
| Employee | \$4.60 |
| Family | \$8.29 |

With family coverage, you can choose to cover anyone you support financially or that lives under your roof.

New for 2017!

Discount Programs

We are offering D'Perks (D-H Discounts) in conjunction with the Chamber of Commerce in Hanover, NH. It provides an extensive variety of discounts and offers, by local and regional businesses, as well as national corporations. All D-H employees, regardless of location, are eligible for these discounts and offers.

You can find out more by visiting
employeeemail.com/clients/workstream/hanover/

Solar Benefit

You are eligible for a 10% discount on the base price of residential solar energy equipment and installation labor ("Installed Cost") from Geostellar. The discount will be applied to the standard base pricing in effect at the time of purchase. Any financing charges for leases, loans or PPAs will be calculated using the discounted Installed Cost.

Farro, Apple, and Walnut Salad

INGREDIENTS:

- 1 ½ cup farro (semi-pearled)
- ¼ cup olive oil, divided
- ½ medium red onion, chopped
- 1 large gala or granny smith apple or pear, cored and chopped
- 1 tablespoon chopped thyme
- 3 tablespoons apple cider vinegar
- ¾ cup chopped walnuts
- Salt and pepper to taste

MAKES: 8 servings

SERVING SIZE: ¾ cup

INSTRUCTIONS:

1. Soak farro in cold water for 20 minutes. Drain off liquid.
2. Bring to a boil 2 quarts (8 cups) water in a medium pot. Add a pinch of salt to the water, if desired. Add farro. Simmer until tender, approximately 30 minutes.
3. Pour the farro into a colander over the sink to drain off the liquid. Run the colander with the farro under cold water. (This will stop the grain from cooking further and becoming mushy.) Place drained, cool farro in a large bowl, cover and refrigerate.
4. Heat 2 tablespoons oil in a large skillet over medium heat. Add onions and cook until soft, approximately 5 minutes. Stir in apples and cook another 2 to 3 minutes. Remove from heat and add apple/onion mixture to the bowl with farro.
5. In a small bowl whisk together dressing of thyme, vinegar, 2 tablespoons oil, salt and pepper. Add this dressing and walnuts to the farro. Toss gently to combine. Serve immediately.

NUTRITION (PER SERVING): Calories 260, Fat 16g, Carbohydrates 27g, Protein 6g, Fiber 5g, Sodium 50mg

Dartmouth-Hitchcock Wellness Programs

D-H Live Well/Work Well

Live Well/Work Well offers a variety of programs to improve and maintain your health, including health and wellness coaching options, fitness programs, life/stress management, and other educational resources. These programs are available to all employees and immediate family members, regardless of enrollment in a D-H health care plan. For more information, contact Live Well/Work Well at 603.650.5900.

Live Well/Work Well Primary Care

Live Well/Work Well offers primary care services for employees and their adult dependents of all ages who are enrolled in a D-H health plan. Live Well/Work Well Primary Care is based at our D-H Heater Road facility in Lebanon, NH, 603.650.3640.

Dartmouth-Hitchcock Wellness Plus (DHWP) Care Management/Care Coordination Services

DHWP Case Managers and Care Coordinators are available to assist employees who have D-H health insurance. Care Managers and Care Coordinators are nurses and social workers who, in conjunction with your health care team and Health Plans, Inc., work with you and your family members and focus on acute or chronic illness or other health challenges. Services provide:

- Individualized assistance managing complex or chronic medical conditions, helping you achieve optimal health and wellbeing
- Educating and connecting you with available community resources to help manage your health.

To learn more, please visit D-H Wellness Plus Care Management/Care Coordination Services on the D-H intranet or contact a member of the team at 866.212.1838.



Deskercise

For the average desk worker, repetition is a must and often does not require a full range of motion to complete these repetitious movements. This can lead to tightness and pain in muscle groups, especially the lower back, neck, and shoulders. Did you know that you can stretch without even leaving your chair?

Try this routine twice a day to stay limber and feeling good, not only for your time at work but also for when you go home. Start by holding each stretch for 10-15 seconds and as you become more flexible hold for 20-30 seconds, but never stretch past your limit.

- Gently pull each elbow over your head and place your hand on your opposite shoulder blade and hold.
- Extend your legs in your chair and reach for your toes and hold.
- While seated pull one knee at a time to your chest and hold.
- Clasp your hands together out in front of you and lower your chin to your chest.
- Extend each arm overhead and to the opposite side.
- Raise both shoulders at once up toward your ears, hold and release.
- Clasp hands behind your back, push your chest out, and raise your chin.
- Cross your legs and alternate twists toward the back of your chair.
- Clasp hands together above your head and reach upwards. Add a lean to the left and right.
- Lean your head forward and slowly roll from side to side.
- Gently pull your head sideways towards each shoulder.



Dartmouth-Hitchcock Retirement Plans

Dartmouth-Hitchcock Employee Investment Plan – 403(b)

Eligible employees may save for retirement by making voluntary contributions to the Dartmouth-Hitchcock Employee Investment Plan – 403(b). Your contributions — and any associated investment earnings — are vested immediately.

If you are newly hired at D-H, you will be automatically enrolled in the plan with an annual contribution of 1% of base salary, pre-tax. This will increase 1% annually up to a maximum of 10%. You may increase this percentage or opt out of this program by contacting T. Rowe Price at **800.922.9945** or **RPS.TRowePrice.com**.

You may save up to 100% of your income, subject to IRS annual maximums*, through:

- 403(b) Pre-tax contributions,
- 403(b) Roth After-tax contributions, or
- A combination of both types of savings.

If you are age 50 or older in 2017, you may also make “catch-up” contributions, subject to IRS annual maximums*.

You may make changes to your contributions at any time throughout the year.

If you are newly hired at D-H and have made contributions to a 403(b) at a previous employer or affiliated employer, you will want to confirm that you remain under the annual IRS limit. It is your responsibility to prevent contributions being made over the annual IRS limit for the year.

403(b) Roth After-Tax

403(b) Roth contributions are taxed in the year they are saved. The investment income on 403(b) contributions remains tax-free if you leave your money in your 403(b) account for at least five years from the first year of contribution.

You may wish to contact Financial Fitness Advisors (FFA) at 877.846.8792, for a free appointment at your work location. FFA can discuss the best approach for you to save for retirement. (See page 37 for more information about FFA.)

*In 2017, the IRS contribution limit is \$18,000 for employees under age 50. Employees age 50 or older during the year may save up to an additional \$6,000 in “catch-up” contributions.

Automatic Enrollment

Newly benefits eligible employees will be automatically enrolled in the 403(b) Plan at 1% of your base salary, pre-tax. This will increase 1% annually up to a maximum of 10%. Employees who wish to increase this percentage or opt out may contact T. Rowe Price at **800.922.9945** or **RPS.TRowePrice.com**.

Remember!

You can change your contribution amount at any time throughout the year. Just log on or call T.Rowe Price.

Dartmouth-Hitchcock Retirement Plan – 401(a) Plan

The 401(a) Plan includes two different types of contributions from D-H: a Base Contribution and a Discretionary Matching Contribution. D-H's contributions to the 401(a) Plan — and any associated investment earnings — are vested after you complete three years of vesting service, turn 65-years old, become disabled, or at the time of your death.

Base Contributions

Eligible employees will receive a Base Contribution between 1% and 7% of pay, plus additional amounts on pay over the Social Security Wage Base, if eligible, according to acquired "Points" determined each pay period. Refer to chart on page 35.

Be on the look out!

Look for retirement sessions happening around D-H. Get help with understanding retirement at D-H and how to make sure you are on the right track!

How to Calculate Your Base Contribution Points

Base Contribution Points

=

Employee's Age x 2

+

Years of Vesting Service as of January 1, 2017

| NUMBER OF BASE CONTRIBUTION POINTS | ON ALL PAY UP TO \$265,000*, YOU WILL RECEIVE A BASE CONTRIBUTION OF.. | IF YOU EARN MORE THAN \$118,500**, YOU WILL RECEIVE AN ADDITIONAL BASE CONTRIBUTION OF... *** |
|------------------------------------|--|---|
| Less than 60 | 1% | 1% |
| 60 to 89 | 3% | 3% |
| 90 to 119 | 5% | 5% |
| 120 or More | 7% | 5% |



The percentage of your Base Pay that D-H will contribute into your 401(a) account. These funds become yours once you are vested (credited with 1000+ hours per year for 3 years).

* Your Base Contribution is provided per-pay-period on all Compensation up to the annual IRS limit (\$265,000 in 2016).

** Social Security Wage Base for 2016 (\$118,500 in 2016).

*** D-H Putnam Staff are not eligible for additional contributions for pay over the Social Security Wage Base.

Discretionary Matching Contributions

The amount of D-H's Discretionary Matching Contribution each fiscal year is determined by D-H's Board of Trustees, based on pre-defined performance measures. If you are not saving through a D-H retirement plan during the year, you will not be eligible to receive the Discretionary Matching Contribution, if approved, for that year. D-H's ability to contribute towards the Discretionary Matching Contribution program is communicated each year after Board of Trustees approval.

NOTE: Employees who were participants in one of the legacy defined benefit pension plans and chose to transition to the new Defined Contribution Plan, effective January 1, 2007, may also be receiving "Transition Contributions." Transition contributions will be discontinued when the plan is frozen, which is expected to happen on December 31, 2017. For more information on Transition Contributions, see the Dartmouth-Hitchcock Retirement Plan Summary Plan Description (SPD), available on the [myDHBenefits](http://myDHBenefits.com) portal at MyDHBenefits.com and on the D-H intranet.

Legacy Defined Benefit Pension Plans

If you were an employee of D-H prior to February 9, 2006, you may currently participate in either the D-H Clinic or Mary Hitchcock Memorial Hospital legacy defined benefit pension plan. Depending on your circumstances and employment history, this benefit may be stationary, increase as your pay increases, or increase with years of service. These plans provide a lifetime monthly annuity, post-retirement, based on formulas that consider many factors, including your service and pay history (until the earlier of date you elect retirement, terminate employment, or the planned freeze date of December 31, 2017) while participating in the plan, and the age you begin receiving your benefit.

Retirement Financial Fitness

Financial Fitness Advisors (FFA)

Keeping yourself physically fit can help you enjoy a longer and better quality life. However, it can also mean that you will spend more years enjoying retirement. Establishing retirement income goals and periodically checking in and adjusting those goals can help ensure you will be financially fit throughout your retirement years.

D-H provides free one-on-one counseling through the services of FFA, a team of independent (noncommissioned) retirement advisors who will meet with you to explore your retirement goals. You may call FFA at **877.846.8792** or email **info@FFAdvisors.org** to make an appointment. You are encouraged to bring your spouse or partner to these sessions.

Did you know!

If a person that spent \$5 a day, every day on coffee from age 20 to age 60 decided to invest that money instead, they would have about \$817,000!

Retirement Employee Self Service Tool

Knowing what you have is the first step in understanding what you need! D-H's Retirement Employee Self Service Tool helps you take control of your future. Access it online at **myDHBenefits.com** (click on the "Retirement" button on the left side of the screen) to see how much money you'll have in retirement, determine how much you'll need to save to meet your goals and research pension benefits.

The tool makes it easy to estimate your retirement income from your D-H plans as well as your personal savings. Helpful tips will guide you through your retirement planning using simple assumptions. Once you get more comfortable, or if you're already an expert, you can use more advanced assumptions to model your benefits.



Resident/Fellow Benefits

The following benefits apply to benefits eligible Residents/Fellows in lieu of the benefits described earlier in this guide.

Medical/Prescription Insurance

Residents/Fellows are eligible for one D-H medical plan — the \$0 Deductible PPO Plan. The following is an overview of the coverage provided by the \$0 Deductible PPO Plan as well as the Resident/Fellow bi-weekly contributions for coverage under this plan.

| PLAN FEATURES | | \$0 DEDUCTIBLE PPO PLAN | |
|--|--|--|------------------------------|
| | | In-Network | Out-of-Network |
| Deductible | | \$0 | Single: \$300; Family: \$600 |
| Co-Insurance | | N/A | 40% after deductible |
| Out-of-Pocket Maximum | | Single: \$1,800; Family: \$3,600 (includes prescription drugs) | |
| IN-NETWORK BENEFIT COVERAGE HIGHLIGHTS | | | |
| Preventive Care | | Plan pays 100% of eligible services | |
| Routine Eye Exam | | Plan pays 100%, one routine eye exam per member, per year | |
| PHARMACY BENEFITS | | | |
| SUPPLY | LOCATION | \$0 DEDUCTIBLE PPO PLAN | |
| 30 Days | D-H Medical Center Pharmacy Cheshire Medical Center Pharmacy The Pharmacy in Bennington, VT & Manchester, VT Colonial Pharmacy in New London, NH Select CVS Retail Pharmacies* | Generic \$5 Brand Name \$25 Non-Preferred \$50 | |
| | All Other Retail Pharmacies | Generic \$10 Brand Name \$50 Non-Preferred \$75 | |
| 90 Days | D-H Medical Center Pharmacy D-H Medical Center Pharmacy Mail Order | Generic \$10 Brand Name \$50 Non-Preferred \$100 | |
| | OptumRx Mail Service Pharmacy The Pharmacy in Bennington, VT & Manchester, VT Colonial Pharmacy in New London, NH | Generic \$30 Brand Name \$100 Non-Preferred \$150 | |
| | All Other Retail Pharmacies | Not Available | |

* Select Community Group Practice CVS Retail Pharmacies. Locations available on the [myBenefits](#) portal at [MyDHBenefits.com](#).

Resident/Fellow Benefits

| RESIDENT/FELLOW MEDICAL CONTRIBUTION RATES | |
|--|------------------|
| BI-Weekly | Non Tobacco User |
| Employee | \$32.17 |
| Employee + Child(ren) | \$48.26 |
| Employee + Spouse | \$67.56 |
| Family | \$89.11 |

Short-Term Disability (STD) Insurance

The 2017 Benefits program provides Residents/Fellows with STD coverage equal to 100% of base salary for up to 90 days. This benefit begins immediately following The Hartford's determination of disability.

Long-Term Disability (LTD) Insurance

The 2017 Benefits program provides Residents/Fellows with basic LTD coverage equal to 80% of base salary, to a maximum benefit of \$3,750 per month. The Hartford determines eligibility and medical necessity for LTD. If approved, LTD payments begin immediately following the date STD payments end.

Life Insurance Benefits*

The 2017 Benefits program provides Residents/Fellows with the following Life and AD&D insurance at no cost.

Resident/Fellow Basic Life Insurance

- 1X salary to a maximum of \$100,000

Resident/Fellow Accidental Death and Dismemberment (AD&D) Insurance

- 1X salary to a maximum of \$100,000

Flexible Spending Accounts

As a Resident/Fellow you may be eligible for our Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA) accounts. Please see page 21 for details on these accounts.

* Under the plan provisions, Resident/Fellow Basic Life/AD&D Insurance and Supplemental Life Insurance coverage reduces by 50% at age 70.

Dartmouth-Hitchcock Employee Investment Plan — 403(b) Plan

Residents/Fellows are eligible to participate in the Dartmouth-Hitchcock Employee Investment Plan – the 403(b) Plan. You may save up to 100% of your income per year, subject to IRS maximums**, through:

- 403(b) Pre-tax contributions,
- 403(b) Roth After-tax contributions, or
- A combination of both types of savings.

If you are age 50 or older in 2017, you may also make “catch-up contributions,” subject to IRS annual maximums**.

Residents/Fellows are not eligible for benefits from the Dartmouth-Hitchcock Retirement Plan 401(a) Plan.

** In 2017, the IRS contribution limit is \$18,000 for employees under age 50. Employees age 50 or older during the year may save up to an additional \$6,000 in “catch-up” contributions.

Retirement Financial Fitness

Residents/Fellows are encouraged to save for their own retirement and may utilize FFA's services, as outlined in the Retirement Financial Fitness section of this guide, refer to page 37.



Physician and Advanced Practice Provider Benefits

The following benefits apply to benefits eligible Physicians and Advanced Practice Providers in lieu of the benefits described earlier in this guide.

Physician and Advanced Practice Provider Short-Term and Long-Term Disability Insurance

D-H provides Short-Term Disability (STD) and Long-Term Disability (LTD) insurance at no cost to you through The Hartford. Both STD and LTD provide income protection for non-work related injuries or illness. STD and LTD payments may be offset by Social Security Disability, Workers' Compensation, pension payments or any other group disability insurance payments that you are eligible to receive. Both STD and LTD payments are considered taxable income.

The Hartford determines eligibility and medical necessity for STD and LTD. If approved, LTD payments begin immediately following the date STD payments end.

Short-Term Disability (STD) Insurance

The 2017 Benefits program provides Physicians and Advanced Practice Providers with STD coverage equal to 100% of base salary for up to 26 weeks. This benefit begins immediately following determination of disability. Please contact the Benefits Office to initiate this benefit at 603.653.1400.

Physician and Advanced Practice Provider Benefits

Long-Term Disability

- 50% of your base salary, to a maximum of \$15,000 per month

The Hartford determines eligibility and medical necessity for LTD. If approved, LTD payments begin immediately following the date STD payments end.

Long-Term Disability Insurance “Buy-Up” Options

In addition to the LTD benefit provided to you at no cost, D-H's 2017 Benefits program offers two “buy-up” options. If you choose one of these options, you are responsible for paying the entire cost of the “buy-up” coverage through after-tax payroll deductions. In addition, Evidence of Insurability (EOI) may be required. The buy-up options are as follows:

- 60% of your base salary, to a maximum of \$15,000 per month
- 66 ²/₃% of your base salary, to a maximum of \$15,000 per month

NOTE: In the event of a disability, The Hartford determines your disability coverage based on the date your disability began, as determined by the medical information provided to them. The Hartford may pay your disability benefit based on the amount of coverage in effect when the disability began. Therefore, if you elected to increase (“buy-up”) coverage after the date the disability began, your coverage for that specific disability may not reflect your most recent disability coverage amount.

Evidence of Insurability (EOI): Long-Term Disability

When you are first eligible to enroll in Long-Term Disability (LTD), you may elect any level of LTD coverage with no EOI. During Open Enrollment, you may buy up one level of coverage with no EOI.

Physician Benefits

Physician Life Insurance*

The 2017 Benefits program provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through The Hartford. The following Life and AD&D benefits are provided to Physicians at no cost.

Physician Basic Life Insurance

- Equal to \$200,000

Physician Accidental Death and Dismemberment (AD&D) Insurance

- Equal to \$200,000

IRS rules allow an employer to provide up to \$50,000 of life insurance to an employee, tax free. The cost of coverage for any amount over \$50,000 is subject to taxation, and is known as "imputed income."

* Physician Basic Life and AD&D insurance coverage and Group-Rated Supplemental Life insurance coverage, reduces by 50% at age 70.

The Hartford Age-Rated

This is a closed plan to new entrants, however, existing members may choose to remain in the Age-Rated plan or switch to Group-Rated Supplemental Life Insurance through The Hartford (but not both). Supplemental coverage is available in \$50,000 increments, up to a maximum of \$1,000,000, subject to EOI.

The Hartford Group-Rated*

Supplemental coverage is available in \$100,000 increments, up to a maximum of \$1,500,000, subject to EOI.

NOTE: If a Physician enrolled in The Hartford Age-Rated coverage, they will have the opportunity to switch to The Hartford Group-Rated coverage at a later date. However, once enrolled in The Hartford Group-Rated coverage, Physicians may not switch to The Hartford Age-Rated coverage.

Physician Dependent Life and AD&D Insurance

The Hartford Age-Rated

Physicians must be enrolled in The Hartford Age-Rated Supplemental Life insurance in order to elect The Hartford Age-Rated Dependent Life insurance.

- Spouse/Civil Union Partner Coverage: Coverage is available in \$25,000 increments, up to a maximum of the lesser of \$300,000 or 50% of the Physician coverage amount, subject to EOI for coverage amounts of \$25,000 or more.
- Dependent Child(ren) Coverage: Coverage is available in the amount of \$10,000 per child. One premium covers all eligible children. There is no EOI requirement for dependent children and coverage begins at one day old through 26 years old.


























The Hartford Group-Rated

- Spouse/Civil Union Partner Coverage: Coverage is available in \$5,000 increments, up to \$100,000, subject to EOI. EOI is not required for coverage amounts of \$50,000 or less.
- Dependent Child(ren) Coverage: Coverage is available in the amount of \$5,000 or \$10,000. One premium covers all of your eligible children. There is no EOI requirement for dependent children and coverage begins at one day old through 26 years old.

Designating Beneficiaries

You are encouraged to designate a beneficiary(ies) for your life insurance. Please review your beneficiary information to make sure your designations are up-to-date.

Who to Contact

| | |
|--|--|
| Health Plans  http://d-h.healthplansinc.com/  866-471-5550 | T.Rowe Price  http://rps.troweprice.com  800-922-9945 |
| Health Equity  http://www.healthequity.com/  866-346-5800 | OptumRx  http://www.optumrx.com  800-498-5428 |
| Delta Dental  http://www.nedelta.com/Home  800-832-5700 | The Hartford  http://www.thehartfordatwork.com  800-538-8439 (STD/LTD Insurance)  800-563-1124 (Life/AD&D Insurance) |
| InfoArmor  https://www.infoarmor.com  800-789-2720 | KGA  http://www.kgreer.com  800-648-9557 |
| Dartmouth-Hitchcock Financial Fitness  info@FFAdvisors.org  877-846-8792 | Dartmouth-Hitchcock Live Well Work Well  http://employees.dartmouth-hitchcock.org/livewellworkwell.html  603-650-5900 |
| DeltaVision  www.eyemedvisioncare.com  866-723-0513 | Dartmouth-Hitchcock Employee Assistance Program (EAP)  http://employees.dartmouth-hitchcock.org/livewellworkwell/eap_dhmc.html  603-650-5819 |

Plan Documents and Summary Plan Descriptions

This 2017 Guide to Your Benefits provides a brief summary of D-H's benefit plans effective January 1 – December 31, 2017. The Plan Documents and Summary Plan Descriptions (SPDs) fully describe the plans. If there is any discrepancy between this summary and the official Plan Documents, the official Plan Documents will govern. D-H intends to operate the plans indefinitely, but reserves the right to change the levels and types of benefits or otherwise terminate the plans, in whole or in part, at any time, at its sole and absolute discretion.

All Plan Documents and Summary Plan Descriptions (SPDs) for each benefit plan are located at the Benefits section of the D-H intranet and the **myBenefits** portal at **MyDHBenefits.com**. You may request a printed version by contacting the Benefits Administration Office:

Benefits Administration Office
Colburn Hill, Entrance C
Lebanon, NH 03756
603.653.1400
DHBenefits@Hitchcock.org

